



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: MADISON

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$93771787
Outpatient Patient Service Revenue	\$177334736
Total Gross Patient Service Revenue	\$271106523

2. Deductions From Revenue

Contractual Allowance	\$151966672
Other Deductions	\$1935842
Total Deductions	\$153902514

3. Total Operating Revenue

Net Patient Service Revenue	\$117204009
Other Operating Revenue	\$1250875
Total Operating Revenue	\$118454884

4. Operating Expenses

Salaries and Wages	\$27945400	Employee Benefits	\$9749662
Depreciation and Amortization	\$10649180	Interest Expense	\$4361400
Bad Debt	\$10706892	Other Expenses	\$32634583
Total Operating Expenses	\$96047117		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22407767	Total Assets	\$250654109
Net Non-operating Gains over Loss	\$-1258219	Total Liabilities	\$110637474

Total Net Gains	\$21149548
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$136455166	\$102141029	\$34314137
Medicaid	\$40335280	\$26122712	\$14212568
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$94316077	\$23702931	\$70613146
Total	\$271106523	\$151966672	\$119139851

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$42763	\$-42763

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$36550	\$204554	\$-168004
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	79
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$1935842
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$635165	
HCI Payments	\$0		
Subtotal	\$0	\$635165	\$-635165
Medicaid Shortfalls	\$9075181	\$13234328	
Subtotal	\$9075181	\$13869493	\$-4794312
DSH Payments	\$5,137,387		
Subtotal	\$14212568	\$13869493	\$343075
Medicare Shortfalls	\$34314137	\$44772032	
Other Government Programs	\$0	\$0	
Total	\$48526705	\$58641525	\$-10114820

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$54352	\$334605	\$-280253
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$34890	\$-34890
Other Allocations	\$207517	\$266955	\$-59438

Comments

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